

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

## **Quarterly Report**

**By**

**The Customer Service and Community Rights Team**

**Advocacy and Customer Service Section**

**July to September 2006**

## **INTRODUCTION**

The purpose of this report is to summarize the contacts to the Customer Service and Community Rights (CSCR) Team during the first quarter of the 2006/2007 fiscal year (July, August and September 2006). The CSCR Team is one of three teams in the Advocacy and Customer Service Section of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

Contacts, or cases, consist of calls, letters and emails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse service delivery system in North Carolina.

Following is a summary and relevant discussion of the types of contacts that came into the CSCR office, the issues reported, the time necessary to resolve the issues and information about the complainants. The intent is to provide an overview of the cases the CSCR team addressed during the first quarter of the 2006/2007 fiscal year.

This report departs from previous quarterly reports in several areas. Most notable is the absence of data about Medicaid Appeal cases. The CSCR Team is no longer responsible for assisting consumers with the Medicaid Appeal process. With the introduction of a private state-wide vendor for utilization management of Medicaid services this function was transferred to Value Options and the Division of Medical Assistance (DMA).

A new state funded appeals rule was made effective October 2006. The CSCR Team will process these appeals. Future reports will include summary statistics regarding state funded appeal cases when complete information is available.

The format of this report has been modified to make it more accessible and useful for a variety of stakeholders. The current report is designed to provide a snapshot of the quarterly contacts made to the CSCR Team. We welcome any comments and suggestions that would make this report more useful to you.<sup>1</sup>

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### **Summary of Significant Conclusions**

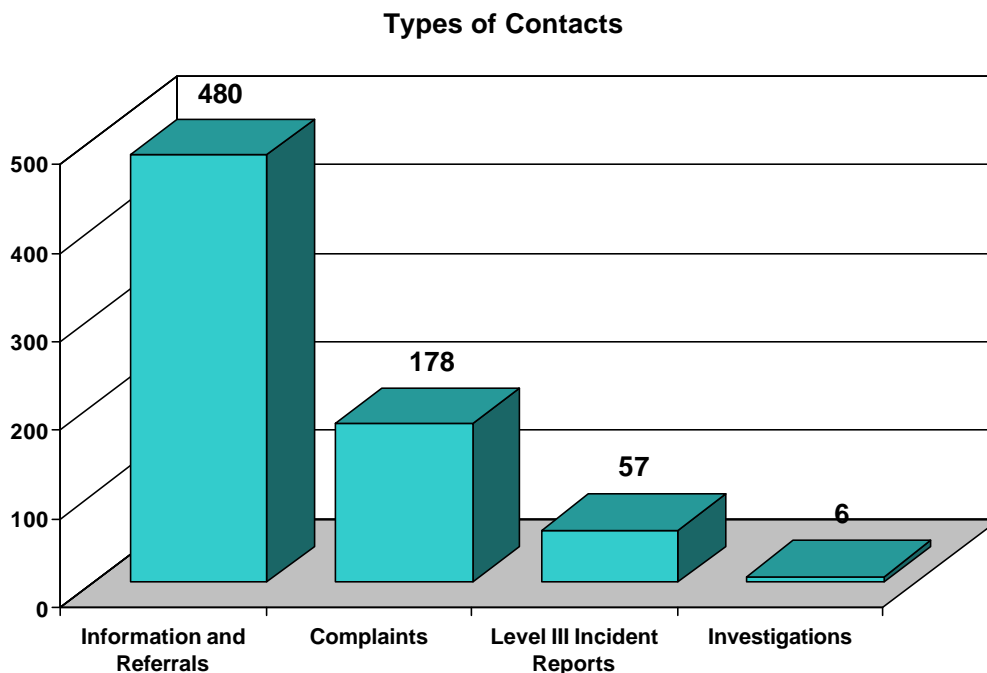
- The CSCR Team received 721 contacts during the first quarter of the 2006/2007 fiscal year. A majority of the contacts were for information and referral.
- The majority of issues in the contacts were resolved the same day they were received.
- Contacts regarding access to services accounted for 257 of the issues reported. This finding supports the DMHDDSAS' and LMEs' efforts to improve consistency and quality in this area.
- LMEs with higher populations tend to have more contacts associated with them.
- Consumers accounted for 133 contacts. Family members, friends and/or associates of consumers initiated 177 contacts. Often the contacts from family and friends lead to direct contact with the consumer.
- Providers made 173 contacts. The CSCR Team serves as a resource to providers for information, technical assistance and as a liaison to other DMHDDSAS sections.
- A majority of the contacts to the CSCR Team apply to the Mental Health disability group with the combined Mental Health / Developmental Disability (dual disability) group a very close second.

### Types of Contacts

The CSCR Team received a total of 721 contacts during the first quarter of the 2006/2007 fiscal year. Often contacts will involve multiple actions for follow up (phone calls, consultation, etc.). During this quarter the average number of actions per contact was 3. The number of actions required for each contact may vary significantly, during this quarter the minimum number of actions per case was 1 and the maximum was 71. Issues which team members cannot address directly are referred to the appropriate state or local agencies, especially Local Management Entity Customer Service and Customer Affairs Officers.

The chart below illustrates how many of each type of contact the CSCR team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team must provide information and refer the person involved to the best resource to meet their need.
- **Complaints** are any expression of dissatisfaction. The CSCR team often incorporates some form of education or technical assistance in the response to complaints.
- **Level III Incidents** are reviewed by the CSCR Team in a Quality Management capacity. The CSCR Team provides a division level review of the incident including technical assistance to the LME and/or provider.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory teams within DHHS and/or the LME provider monitoring and customer service offices.



### **Resolution/Response Time**

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to find a resolution the same day the contact comes to the team. A contact is considered resolved at the point where the CSCR Team has assisted in every way possible within the DMHDDSAS system. Often issues are resolved when the CSCR team offers the most appropriate referral and or information.

The table below summarizes the CSCR Team's times for resolution for this quarter. The most frequent time period for resolution or response time for all contacts is the same day the contact was made to the CSCR office. Some contacts, such as investigations, are much more involved and require a longer time period to resolve. Longer response times are infrequent and represent issues that are more complicated in their nature.

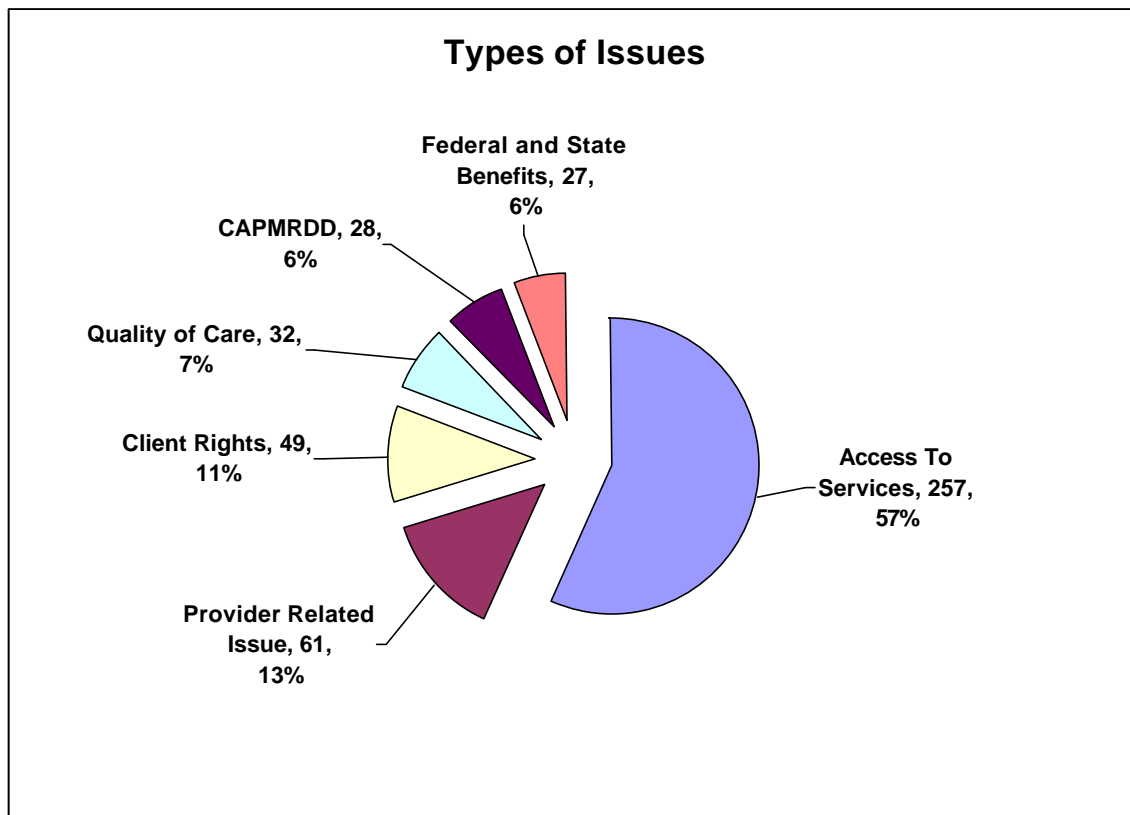
The mean or average response time for all contacts, including investigations, is 2 days with the maximum time to reach a resolution at a little over 3 months. Investigations require travel, collaboration with other agencies, collection of evidence and a formal report of findings. The timeframes for investigations are guided by administrative rule 10NCAC 27G.0607. As noted in the table below, the maximum time taken to resolve a complaint was about one and a half months and the maximum time taken to resolve an information and referral contact was approximately 1 month.

<b>Resolution/Response Time</b>				
	<b>Mean</b>	<b>Most Frequent</b>	<b>Min</b>	<b>Max</b>
<b>All Contacts</b>	2 Days	Same Day	Same Day	98 Days
<b>Complaints</b>	1 Day	Same Day	Same Day	43 Days
<b>Information and Referrals</b>	2 Days	Same Day	Same Day	27 Days

### Types of Issues

Contacts are categorized as types of issues by the CSCR Team. Contacts regarding Access To Services accounted for 57% of the issues reported this quarter. A review of the data revealed that roughly half of the contacts about access to services were for the purpose of obtaining information and referrals and the other half involved complaints about obtaining services in the publicly funded system. The high proportion of contacts regarding access to services is noteworthy and further justifies the importance of the efforts the DMHDDSAS has undertaken to improve consistency and quality in the way in which consumers access services.

Provider Related Issues may include technical assistance given to providers in many areas including policy, administrative rules, education and direction to information and resources. Client Rights contacts involve calls concerning alleged violations of consumer rights. Quality of Care includes contacts about providers and LMEs. CAP-MR/DD contacts are specific to the CAP waiver program.



### **Local Management Entity Associated With Contacts**

Contacts to the CSCR Team come from all areas of North Carolina. The table below summarizes the contacts received for each LME in this quarter. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality. This likely indicates higher population size and an accessible complaint intake system. The LME with the highest associated contacts is also ranked second in the state based on population size. Generally, LMEs with higher populations also have more contacts. LMEs in the contact range from 19 to 86 (Wake to Eastpointe) range in population rank from 1 to 18 while LMEs in the contact range from 3 to 16 (Pitt to Roanoke-Chowan) range in population rank from 10 to 29.

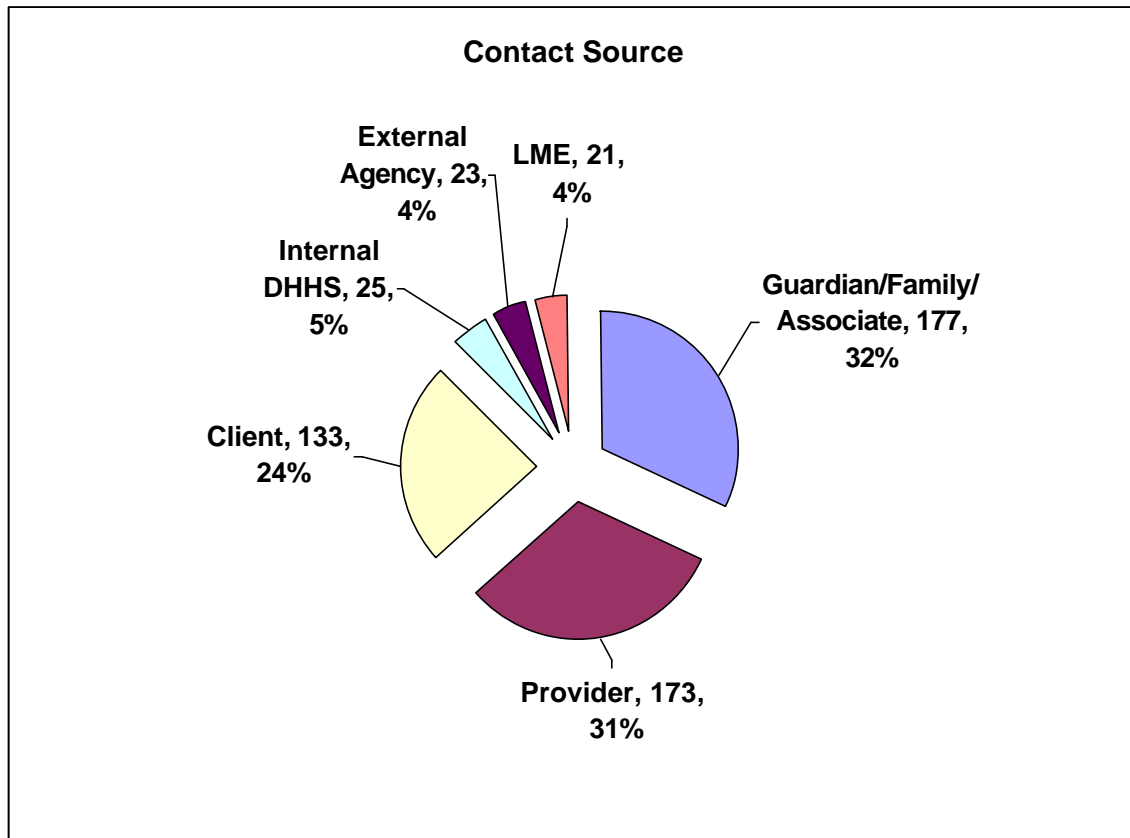
<b>Local Management Entity Associated With Contacts</b>			
	<b># of Contacts</b>	<b>July 1, 2006 Population</b>	<b>Population Rank</b>
<b>Wake</b>	86	769,244	2
<b>Western Highlands</b>	36	487,587	5
<b>Guilford</b>	29	443,753	6
<b>Mecklenburg</b>	28	805,291	1
<b>Southeastern Regional</b>	26	254,177	13
<b>Five County</b>	26	231,356	18
<b>CenterPoint</b>	25	414,181	7
<b>Piedmont</b>	24	669,213	3
<b>Pathways</b>	22	362,078	8
<b>Sandhills</b>	21	516,621	4
<b>Southeastern Center</b>	21	318,545	9
<b>Eastpointe</b>	19	291,647	11
<b>Pitt</b>	16	145,310	25
<b>Edgecombe-Nash Wilson-Greene</b>	15	243,910	17
<b>Foothills</b>	14	248,657	15
<b>Johnston</b>	14	150,557	24
<b>Crossroads</b>	13	253,073	14
<b>Durham</b>	11	246,184	16
<b>Onslow-Carteret</b>	11	226,540	19
<b>Smoky Mountain</b>	10	185,588	21
<b>Albermarle</b>	9	133,729	26
<b>Catawba</b>	9	151,232	23
<b>Cumberland</b>	7	315,287	10
<b>Neuse</b>	7	115,825	27
<b>New River</b>	7	165,724	22
<b>Orange-Person-Chatham</b>	7	219,407	20
<b>Alamance-Caswell-Rockingham</b>	8	257,135	12
<b>Tideland</b>	5	93,894	28
<b>Roanoke-Chowan</b>	3	76,272	29

### Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, due to confidentiality laws, complete follow up is typically not possible in cases where the contact originates from other than the consumer, the legal guardian or someone with whom the CSCR Team has legal permission to communicate.

Someone close to a consumer, family, friend or associate, made 32% of the contacts and providers initiated 31% of the contacts. Contacts made directly by consumers accounted for 24% of the contacts in this quarter. Often the original contact may come from a relative or friend and this leads to further contact with the consumer.

Providers contacting the CSCR Team typically do so for technical assistance and information. In this role, the CSCR Team provides the information requested or acts as a liaison between the provider and the DMHDDSAS section(s) that can best be of assistance.





### Disability Group

A majority of the contacts to the CSCR Team are associated with a specific disability group. The column NA (Not Applicable) represents contacts that did not represent any particular disability group. It is noteworthy that the CSCR Team receives contacts concerning areas outside the DMHDDSAS system. In such cases attempts are made to assist by linking them to the agency or resource needed. The CSCR Team works to be a resource for all disability groups and residents of North Carolina.

As can be noted on the graph, a majority of the contacts apply to the Mental Health (MH) disability group with the combined Mental Health/ Developmental Disability (dual diagnosis) group a very close second.

Along with the disability group, the CSCR team maintains data regarding the contacts funding source, such as Medicaid, State Funds, Private Insurance, etc. Future reports will include data about funding source, such as Medicaid or CAP-MR/DD. A transition in the data collection system prevented reporting the funding source data this quarter.

